PTO/SB/21 (03-03)

Aug. 18, 2006

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& TRADERAM			Application Number	10/786,732					
TRANSMITTAL			Filing Date	February 25, 2004					
FORM (to be used for all correspondence after initial filing)			First Named Inventor	James E. Haley					
			Art Unit	3727					
			Examiner Name	M. Cartagena					
Total Number of Pages in This Submission		Attorney Docket Number	40030-10087						
ENCLOSURES (Check all that apply)									
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remar	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance Communication to a Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Continued Examination (RCE) Return Postcard					
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Date August 18, 2006									
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I hereby	I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as								

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PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE on Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number (CO FRADEN Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/786,732 **Application Number** TRANSMIT Filing Date Feb. 25, 2004 For FY 2005 First Named Inventor James E. Haley **Examiner Name** M. Cartagena Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3727 TOTAL AMOUNT OF PAYMENT (\$) 845 Attorney Docket No. 40030-10087 METHOD OF PAYMENT (check all that apply) None l Credit Card Check ■Money Order Other (please identify): Deposit Account Name: Ryndak & Suri LLP Deposit Account Deposit Account Number: 50-0503 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 100 250 200 100 130 Design 100 50 65 Plant 200 100 300 160 150 80 300 Reissue 500 600 150 250 300 Provisional 200 100 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$)

- 301111	^				
HP = highest number of independer	nt claims paid for, if gr	reater than 3.			
3. APPLICATION SIZE FEE					
If the specification and draw	vings exceed 100	sheets of paper (ex	cluding electronically fi	led sequence or	computer
listings under 37 CFR 1.	52(e)), the applie	cation size fee due	s \$250 (\$125 for small e	ntity) for each a	dditional 50
sheets or fraction thereof	f. See 35 U.S.C.	41(a)(1)(G) and 37	CFR 1.16(s).		
Total Sheets Extr	a Sheets N	lumbér óf eách addi	tional 50 or fráction therec	of Fee (\$)	Fee Paid (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

- 3 or HP -

Extra Claims

Fee (\$)

Indep. Claims

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- 100 = / 50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2 mo. Ext. of Time (\$225); Request for RCE (\$395)

SUBMITTED BY Registration No. Telephone 312-214-7770 Signature once (Attorney/Agent) Name (Print/Type) Vangelis Economou Date Aug. 18 2006

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